Department of Labor and Industries **Employment Standards Section**



WAGE TRANSCRIPTION AND

PO Box 4451 Olympia WA	.0 . 98504	4-4510			13	1889	COMPUTATION SHEET P/W DOTHER											
EMPLOYER X							DATE											
EMPLOYEE										SOC	IAL SECURITY	NO (Fo	or ID only)					
ADDRESS										ZIP CODE								
OCCUPATION																		
YEAR AND WORKWEEK ENDING		1	1	HOUR	S WOR	KED	I	T	REGULAR RATE OF	OVERTIME RATE OF	FRINGE			AMOUNT DUE EMPLOYEE				
								TOTAL	PAY	PAY	BENEFITS			EMP.	LOYE	EE		
															\vdash			
															\vdash			
															\square			

INDUSTRIAL RELATIONS AGENT

YEAR AND WORKWEEK	 HOURS WORKED								OVERTIME	FRINGE			AMOUNT I			
YEAR AND WORKWEEK ENDING	TOTAL							RATE OF PAY	RATE OF PAY	BENEFITS				EMF	LOY	EE
																-
																Ī
																-
																-
												1	-			L
																ŀ
																L
	1			1	1	1		1	1	1	1	1	1	1		l

SHOW NAME, ADDRESS INCLUDING ZIP CODE IF KNOWN, SOCIAL SECURITY NUMBER, AND OCCUPATION AS APPROPRIATE OF EACH EMPLOYEE FOR WHOM TRNSCRIPTIONS OR COMPUTATIONS ARE MADE ON THIS SHEET.